



## MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

### PART I: GENERAL INFORMATION

Requestor's Name and Address: Integra Specialty Group, P.A. 517 North Carrier Parkway, Suite G Grand Prairie, Texas 75050	MFDR Tracking #:	M4-07-0267-01
	DWC Claim #:	
	Injured Employee:	
Respondent Name: Employers Mutual Casualty  Box #: 19	Date of Injury:	
	Employer Name:	Steelmarc Construction Co. Inc
	Insurance Carrier #:	272930

### PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary: Per the Table of Disputed Services "Per MAR Fee Guidelines/not global, pre-authorized ..."

Principle Documentation:

1. DWC 60 package
2. CMS 1500(s)
3. EOB(s)
4. Copy of preauthorizations

### PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Respondent's Position Summary: "The DWC 73s were not requested and do not show a change of condition requiring the completion of the form. The routine filing of DW-73s is not permitted under Rule 1295(d)[sic] ... Note that the Notice of February 15, 2006, is and [sic] "Adverse" determination, not a preauthorization. The notice expressly states that the reviewer indicated he would only approve part of the request and that such partial "approval" does not constitute preauthorization. As the whole request was not approved, it constituted a denial of the medical necessity of the services as requested."

Principle Documentation:

1. Response to DWC 60

### PART IV: SUMMARY OF FINDINGS

Review of the box 32 on CMS-1500, revealed zip code 75050 is located in Dallas county.

Date(s) of Service	Denial Code(s)	CPT Code(s) and Calculations	Part V Reference	Amount Due
10-16-05, 11-20-05 and 02-10-06	42, 218, 284	99080-73	1, 5 & 7	\$00.00
12-30-05 & 03-20-06	42 & 218	99080-73	1, 5 & 7	\$00.00
12-09-05	50, 283, 151, 213	97032 (1 unit @ \$20.20 x 2 units)	1, 2(a)(b), 3, 4	\$40.40
12-12-05 to 12-28-05	50, 283, 42, 288	97032 (1 unit @ \$20.20 x 2 units x 8 DOS)	1, 2(a)(b), 4, 5	\$323.20

12-30-05 to 01-11-06 and 01-20-06	42 & 288	97032 (1 unit @ \$20.20 x 2 units x 1 DOS and 1 unit @ \$20.50 x 2 units x 6 DOS)	1, 2(a), 4, 5, 6	\$286.40
01-13-06 & 01-16-06	62 & 240	97032 (1 unit @ \$20.50 x 2 units x 2 DOS)	1, 2(a) & 6	\$82.00
02-20-06 to 03-22-06	151 & 213	97032 (1 unit @ \$20.50 x 2 units x 8 DOS)	1, 2(b), 3, 6	\$328.00
12-09-05	50, 283, 151, 213	97140 (1 unit @ \$34.13 x 1 DOS)	1, 2(a)(b), 3, 4	\$34.13
12-21-05 to 12-28-05	50, 283, 42, 288	97140 (1 unit @ \$34.13 x 4 DOS)	1, 2(a)(b), 4, 5	\$136.52
12-30-05 to 01-11-06 and 01-20-06	42 & 288	97140 (1 unit @ \$34.16 x 1 DOS and 1 unit @ \$33.64 x 6 DOS)	1,2(a), 5, 6	\$236.00
01-13-06 & 01-16-06	62 & 240	97140 (1 unit @ \$33.64 x 2 DOS)	1, 2(a) & 6	\$67.28
02-20-06 to 03-22-06	151 & 213	97140 (1 unit @ \$33.64 x 8 DOS)	1, 2(b), 3, 6	\$269.12
12-12-05 to 12-28-05	50, 283, 42, 288	97112 (1 unit @ \$38.15 x 8 DOS)	1, 2(a)(b), 5, 6	\$305.20
12-30-05 to 01-11-06 and 01-20-06	42 & 288	97112 (1 unit @ \$36.14 x 7 DOS)	1, 2(a),4, 5	\$252.98
01-13-06 & 01-16-06	62 & 240	97112 (1 unit @ \$36.14 x 2 DOS)	1, 2(a) & 4	\$72.28
02-20-06 to 03-22-06	151 & 213	97112 (1 unit @ \$37.61x 8 DOS)	1, 2(b), 3 & 6	\$300.88
12-14-05 to 12-28-05	50, 283, 42, 288	97035 (1 unit @ \$15.59 x 7 DOS)	1, 2(a)(b), 4, 5	\$109.13
12-30-05 to 01-11-06 and 01-20-06	42 & 288	97035(1 unit @ \$15.59 x 1 DOS and 1 unit @ \$15.58 x 6 DOS)	1, 2(a), 4, 5, 6	\$109.07
01-13-06 & 01-16-06	62 & 240	97035 (1 unit @ \$15.58 x 2 DOS)	1, 2(a) & 6	\$31.16
02-20-06 to 03-22-06	151 & 213	97035 (1 unit @ \$15.58 x 8 DOS)	1, 2(b), 3 & 6	\$124.64
12-27-05	50, 283, 42, 288	97110 (1 unit @ \$36.14 x 4 units minus carrier payment)	1, 2(a)(b) & 8	\$36.14
01-04-06 to 01-11-06	42 & 288	97110 (1 unit @ \$36.10 x 4 units x 4 DOS minus carrier payment of \$108.42)	1, 2(a) & 8	\$149.31
01-13-06 & 01-16-06	62 & 240	97110 (1 @ \$36.10 x 4 units x 2 DOS)	1, 2(a) & 6	\$288.80
01-20-06, 02-27-06, 03-01-06, 03-03-06 & 03-06-06	45, 42, 790	97110 (1 unit @ \$36.10 x 4 units = \$144.40 x 5 DOS = \$722.00 minus carrier payment of \$541.50)	1, 2(a), 8 & 9	\$180.50
02-20-06	42 & 404	97110 (1 unit @ \$36.10 x 4 units = \$144.40 minus carrier payment of \$108.30)	1 & 8	\$36.10
02-22-06 & 02-24-06	151, 404 & 213	97110 (1 unit @ \$36.10 x 4 units = \$144.40 x 2 DOS = \$288.80 minus carrier payment of \$216.60)	1, 2(b), 3 & 8	\$72.20
03-22-06	151 & 213	97110 (1 unit @ \$36.10 x 4 units = \$144.40 minus carrier payment of \$108.30)	1, 2(b), 3 & 8	\$36.10
<b>Total Due:</b>				\$3,907.54

**PART V: REVIEW OF SUMMARY, METHODOLOGY AND EXPLANATION**

Section §413.011(a-d) titled, *Reimbursement Policies and Guidelines*, and Division Rule 134.202 titled, *Medical Fee Guideline* effective August 1, 2003, sets out the reimbursement guidelines.

The Requestor submitted an updated Table of Disputed Services to MFDR on 05-21-07 which is used for the review. The Requestor withdrew CPT code 99213 billed for dates of service 01-13-06 and 01-16-06.

1. These services were denied by the Respondent with the following reason codes:

- 42 - Charges exceed our Fee schedule or maximum allowable amount.
- 218 - Report charge was denied as it does not fall within the report guidelines per TWCC rules.
- 284 - No allowance was recommended as this procedure has a Medicare status of 'B' (bundled).
- 50 - These are non-covered services because this is not deemed a 'medical necessity' by the payer.
- 283 - Based on a peer review, payment is denied because the treatment(s)/service(s) is medically unreasonable/unnecessary.
- 151 - Payment adjusted because the payer deems the information submitted does not support this many services.
- 213 - The charge exceeds the scheduled value and/or parameters that would appear reasonable.
- 288 - The Medicare maximum for physical therapy has been reached.
- 62 - Payment denied/reduced for absence of , or exceeded, pre-certification/authorization.
- 240 - Preauthorization not obtained.
- 404 - Please note that the provider's charges were adjusted in order to maximize the allowable reimbursement.
- 45 - Charges exceed your contracted/legislated fee arrangement.
- 790 - This charge was reimbursed in accordance to the Texas Medical Fee Guideline.

2. (a) The Requestor per Rule 134.600 obtained preauthorization (number 578414) authorizing outpatient left elbow post-reconstruction surgery rehabilitation three (3) times a week for six (6) weeks (18 sessions) for active therapeutic exercises, neuromuscular facilitation and desensitization techniques, joint mobilization, electrical stimulation and ultrasound. A second preauthorization (number 585473) was obtained authorizing PT 3 x 2 and then 1 x 4 (10 sessions) prior to the services being rendered.

(b) The Respondent is in violation of Rule 133.301(a) which states in part "the insurance carrier shall not retrospectively review the medical necessity of a medical bill for treatment(s) and/or service(s) for which the health care provider has obtained preauthorization under Chapter 134 of this title."

3. ANSI denial code 151 shall be used for medical necessity or fee denials. The Division clarifies the reason code and the Division review will determine the dispute track. Review by the Division has determined this to be a medical necessity denial.

4. Per Rule 134.202(d), "reimbursement shall be the least of the (1) MAR amount as established by this rule or, (2) the health care provider's usual and customary charge. Reimbursement is recommended per Rule 134.202(d)(2) in the following amounts:

**2005 services:**

CPT code 97032: \$363.60 (1 unit @ \$20.20 x 20 units)

CPT code 97035: \$109.13 (1 unit @ \$15.59 x 7 DOS).

**2006 services:**

CPT code 97112: \$325.26 (1 unit @ \$36.14 x 9 DOS)

CPT code 97140: \$34.13 (1 unit @ \$34.13 x 5 DOS)

CPT code 97035: \$93.48 (1 unit @ \$15.58 x 6 DOS)

5. The Respondent has not made a payment to the Requestor.

6. Reimbursement is recommended per Rule 134.202(c)(1) in the following amounts:

**2005 services:**

CPT code 9714: \$34.16 (1 unit x 1 DOS)

CPT code 97112: \$305.20 (1 unit @ \$38.15 x 8 DOS)

CPT code 97035: \$15.59 (1 unit @ \$15.59 x 1 DOS)

**2006 services:**

- CPT code 97032: \$656.00 (1 unit @ \$20.50 x 2 units x 16 DOS)
- CPT code 97140: \$571.88 (1 unit @ \$33.64 x 16 DOS)
- CPT code 97035: \$155.80 (1 unit @ \$15.58 x 10 DOS)
- CPT code 97110: \$288.80 (1 unit @ \$36.10 x 4 units x 2 DOS)
- CPT code 97112: \$300.88 (1 unit @ \$37.61 x 8 DOS)

7. Per Rule 129.5(d)(2) the doctor shall file the Work Status report: “when the employee experiences a change in work status or a substantial change in activity restrictions”. The Requestor provided copies of the work status reports for review by MFDR. Review of the reports submitted does not show documentation of a substantial change in activity restrictions; therefore, no reimbursement is recommended. This is a DWC required report and is not a bundled service.
8. Additional reimbursement is recommended per Rule 134.202(c)(1) in the amount as stated on the Table.
9. The Respondent submitted information verifying that there was no contract between the Requestor and the Respondent. In addition, the Respondent submitted corrected EOB’s with denial codes “42” and “790”.

A Legal and Compliance referral is made due to the Respondent being in violation of Rule 133.301(a) as referenced in number 2(b) above.

**PART VI: GENERAL PAYMENT POLICIES/REFERENCES**

Texas Labor Code Sec. §413.011(a-d)  
28 Texas Administrative Code Sec. §134.1, §134.202, §129.5, §133.301 and §134.600

**PART VII: DIVISION DECISION AND ORDER**

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code, Sec. §413.031, the Division has determined that the Requestor is entitled to reimbursement. The Division hereby **ORDERS** the Carrier to remit to the Requestor the amount of \$3,907.54 plus accrued interest, due within 30 days of receipt of this Order.

**ORDER:**

06-08-07

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution  
Officer

\_\_\_\_\_  
Date

**PART VIII: YOUR RIGHT TO REQUEST JUDICIAL REVIEW**

Appeals of medical dispute resolution decisions and orders are procedurally made directly to a district court in Travis County [see Texas Labor Code, Sec. §413.031(k), as amended and effective Sept. 1, 2005]. An appeal to District Court must be filed not later than 30 days after the date on which the decision, that is the subject of the appeal, is final and appealable. The Division is not considered a party to the appeal.

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**